

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000535

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 34 STATE FILE NUMBER

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Fulton</u>	
Length of stay in 1b <u>4 Days</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>820 Center St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ned</u> Middle <u>Layson</u> Last <u>Carr</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>25</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/14/1905</u>
9. AGE (last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plasterer & Mo Hybrid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Corn Co Employee</u>	
11. BIRTHPLACE (City and state or country) <u>Muskogee, Okla</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Layson Carr</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Sampson</u>	
14. NAME OF HUSBAND OR WIFE <u>Dorothy</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address <u>Mrs. Dorothy Carr Fulton, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal pneumonia</u> DUE TO (b) <u>Myocardial failure (myocarditis)</u> DUE TO (c) <u>Nephrosis 3rd stage Bright's</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive C & R with stroke 10 years ago</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 month</u> <u>2 years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
STATE		21. I attended the deceased from <u>13 Jan 62</u> to <u>25 Jan 62</u> and last saw him alive on <u>25 Jan 62</u> Death occurred at <u>322 Pine</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>P. R. Gersh</u> (Deputy or title)		22b. ADDRESS <u>Fulton Mo</u>	
22c. DATE SIGNED <u>27 Jan 62</u>		23a. BURIAL, CREMATION, REBURYAL (Specify) <u>Buried</u>	
23b. DATE <u>Jan. 27, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Fulton Mo</u>		24. FUNERAL DIRECTOR <u>Wallace Funeral Home, Fulton Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>Jan 27 1962</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Lion Dale Tseattmann, Student Embalmer No. 650
working under my personal supervision.

Student Lion Dale Tseattmann Signed Wenzil C. Browning
Signature of Student Embalmer

Licensed Embalmer No. 2724

P. O. Address Fullton, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.